MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (112)

CERTIFICATE OF DEATH

09619

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Crellin, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Most of 57 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Roy Frederick Ashby

3.(b) Social Security Number 214-14-2904

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Belle Reed Ashby

6.(c) If alive, give maiden name

7. Birth date of deceased (mo., day, yr.) September, 26, 1882

8. AGE: Years	Months	Days	If less than one day
57	11	23	....hrs. ....min.

9. Birthplace Hutton, Garrett Co. Md.
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name John Thomas Ashby

13. Birthplace Maryland

MOTHER 14. Maiden name Minnie Shaffer

15. Birthplace West Va.

18. Informant Cleve Ashby

Address Grantsville, Md.

17. Buried
(Burial, cremation, or removal. Which?)
Date thereof September, 21, 1940
(month) (day) (year)

Cemetery or crematory Ashby Cemetery

Location Crellin Md.

18. Funeral director Emroy Bolden

Address Oakland Md.

19. Sept 20, 1940
(Date rec'd by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September, 18, 1940 at 2:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November, 29, 1939 to Sept, 18 1940 and that I last saw him alive on Sept, 17, 1940

Immediate cause of death	DURATION
Pulmonary Edema incident on	
Myocardial failure due to severe	
Due to Bronchial Asthma and Bronchitis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

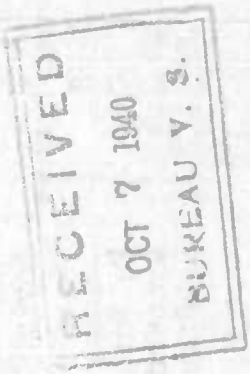
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. E. Mance M. D. or other

Address Oakland Md. Date signed Sept 19/1940

Employee of the Preston Railroad Company
Crellin. Maryland. Post Office.



MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

09620

Reg. Dist. No. 187

1. PLACE OF DEATH:
County Garrett
City or town Bayard (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State West Va. County Grant
City or town Bayard (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Eliza Baxley

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Benjamin Baxley
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Nov. 27, 1866

8. AGE: Years 73 | Months 9 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace: Bayard, Grant Co., W. Va. (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business
FATHER
12. Name: Daniel Rinker
13. Birthplace: W. Va.
MOTHER
14. Maiden name: Eva Lee
15. Birthplace: W. Va.
16. Informant: Mrs. C. E. Nine
Address: Garmania, W. Va. Route 1
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 17, 1940 (month) (day) (year)
Cemetery or crematory: Fairview Cemetery
Location: Garman, Md.
18. Funeral director: Otha F. Sharpless
Address: Blaine, W. Va.
19. Sept 17 1940 (Date rec'd by registrar) Virginia M. Harvey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15 1940, at 6 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July, 1st 1940, to Sept. 15 1940, and that I last saw he alive on Sept. 13th 1940.
Immediate cause of death: Cardiac edema
Due to: Cardiac insufficiency
Due to:
Other conditions: no
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: no Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. G. Drinkwater, M.D. M. D. or other
Address Garmania, W. Va. Date signed Sept 16 1940

VS A15 (T) MARGIN RESERVED FOR BINDING (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-1)

09621

CERTIFICATE OF DEATH

Reg. Dist. No. 167

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Gorman, Md. (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ----
Stay in hospital or inst. (yrs., or mos., or days) ----
Stay in this community (yrs., or mos., or days) 77 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Rural near Gorman Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 6 Mi. West Gorman, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ----

3. (a) FULL NAME (Lee) Emma Rebecca Cooper

3. (b) Social Security Number ----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife David Cooper
6(c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) May 18, 1863

8. AGE: Years	Months	Days	If less than one day
77	4	28	---- hrs. ---- min.

9. Birthplace Bayard; Grant Co., W. Va. (Town, county, and state)
10. Usual occupation House Wife
11. Industry or business Own Home
FATHER 12. Name Frederick Lee
FATHER 13. Birthplace Grant Co., W. Va.
MOTHER 14. Maiden name Eliza Cosner
MOTHER 15. Birthplace Grant Co., W. Va.
16. Informant Sylbanus Cooper
Address R. D. Gormania, W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 18, 1940 (month) (day) (year)
Cemetery or crematory Cooper Cemetery
Location Home Place 6 Mi. West Gorman
18. Funeral director Herbert C. Leighton
Address Oakland, Md.

19. Sept 17 1940 (Date rec'd by registrar) Virginia M. Harvey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 16, 1940 4:15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 24 1925 to Sept 16, 1940, and that I last saw her alive, on June 24, 1940

Immediate cause of death	DURATION
Hypertension — heart disease — arteriosclerosis — Fibrillation — Sudden death —	20 yrs — instantaneous
Due to	
Due to	
Other conditions Cerebral Hemorrhage — Hemiplegia (Include pregnancy within 3 months of death)	2 yrs.

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ---- Date of ----
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ----
Means of injury ---- Injured at work?

23. SIGNATURE Harold C. Miller M. D. or other
Address Eglon, W. Va. Date signed 9/18/40

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09622

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett

City or town Nr. Deer Park Maryland.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Most of 52 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Helen Martha Williams Culberson

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: Indian

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Frank M. Culberson

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): March. 16, 1888

8. AGE: Years 52 | Months 5 | Days 18 | If less than one day ... hrs. ... min.

9. Birthplace Nr Deer Park Maryland.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Willimas
13. Birthplace Canada

MOTHER
14. Maiden name Susie Croston
15. Birthplace West Va.

16. Informant Ruby Culberson

Address Deer Park Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Sept, 7. 1940
(month) (day) (year)

Cemetery or crematory Williams Cemetery

Location Nr Deer Park Md.

18. Funeral director Emroy Bolden

Address Oakland. Md.

19. Sept 6. 1940 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4. 1940 19 at 9-15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from A.M. June 1940, to Sept. 4 1940 and that I last saw her alive on Sept. 4. 1940 19

Immediate cause of death	DURATION
Sarcoma of right hip	2 yrs.
Masture of right hip	2½ yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ralph Clanchella
M. D. or other

Address Fitzmiller Md Date signed Sept 4/1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09623

8

CERTIFICATE OF DEATH

Reg. Dist. No. 16P

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Rural Resident

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Georg

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
—	W	

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
born dead.			hrs. min.

9. Birthplace Rural - accident

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Chas. Georg

13. Birthplace Md

MOTHER 14. Maiden name Anna Miller

15. Birthplace Pa.

18. Informant Mrs. Georg

Address

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26 19 40, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19

and that I last saw h alive on 19

Immediate cause of death	DURATION
Premature birth	
Apparently about 3 mo. foetus	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. D. Brown M.D. M. D. or other

Address Friendsville Md. Date signed 10/15/40

5

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OCT 19 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09624

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (III-E)

County Garrett — Registration Dist. No. 166

Village or City Oakland, Md — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Katie Jones — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	40			

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Past Ministrial Performer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Dete deceased last worked at this occupation (month end year) ____ — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Macon Ga (State or country)

FATHER

13. NAME Kenny Williams

14. BIRTHPLACE (city or town) Macon. Ga (State or country)

MOTHER

15. MAIDEN NAME Mary Jane Williams

16. BIRTHPLACE (city or town) Macon. Ga. (State or country)

17. INFORMANT Webster Caswell (Address) Macon Ga.

18. BURIAL, CREMATION, OR REMOVAL Place Oakland Date Sept. 7th, 19 40

19. UNDERTAKER Emory D. Bolden (Address) Oakland. Md

20. FILED Sept 6th, 1940 Lucie Rowan Registrar. Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 5 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1940, to Sept 5, 1940

I last saw h ive alive on Sept 5, 1940; death is said to have occurred on the date steted above, at 1:00 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of Importanca were as follows:

	Date of onset
Acute Pulmonary Oedema	?

Other **Contributory Causes** of Importanca: Malignant Hypertension

Nema of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Data of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify ____

(Signed) A. R. Williams M. D.

(Address) Oakland Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 4, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09625

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Oakland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Emma Alice Sander Setzer

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife Jonas Setzer
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September, 24, 1876

8. AGE: Years	Months	Days	If less than one day
63	11	12	hrs. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Lemuel Sander
13. Birthplace Penn.

MOTHER
14. Maiden name Mary C. Beahm
15. Birthplace Penn.

16. Informant Mrs. A.C. Warnick
Address Oakland Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Sept. 8. 1940 (month) (day) (year)
Cemetery or crematory Oakland. Md.
Location Oakland. Md.

18. Funeral director Emroey Bolden
Address Oakland. Md.

19. Sept 9. 1940 John Logsdon
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September, 5, 1940, at 12* 30 p.m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 7. 1940, to Sept 5, 1940
and that I last saw her alive on Sept. 1, 1940

Immediate cause of death	DURATION
Carcinoma Uteri with Mutastasis	
Due to Uremia due to anuria	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. E. Mance M. D. or other
Address Oakland Md Date signed Sept 6/1940

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-d)

09626

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH:
County Garrett
City or town Near B Bloomington (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME ELLEN JANE TITCHNELL

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

B (b) Name of husband or wife William Titchnell
6(c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) October 4, 1861

8. AGE:

Years	Months	Days	If less than one day
78	11	11	hrs. min.

9. Birthplace Bethel, Maryland. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Joseph Paugh
13. Birthplace Garrett Co., Maryland.
MOTHER 14. Maiden name Margaret McVicker
15. Birthplace Garrett Co., Md.
16. Informant Mr. William Titchnell,
Address Garrett Co., Near Bloomington, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 18, 1940. (month) (day) (year)
Cemetery or crematory Titchnell Cemetery.
Location Garrett Co., Near Bloomington, Md
18. Funeral director W. H. Fredlock
Address Piedmont, West Va.
19. Sept 16 1940 Dorsey Pallion
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15, 1940. at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940, to Sep 1940, and that I last saw her alive on Sep 6, 1940.

Immediate cause of death	DURATION
Circulatory failure	3 days
Due to Myocardial degeneration	3 yrs
Due to	
Other conditions Chronic arthritis	20 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James H. Wolverton Jr. M.D.
M. D. or other
Address Piedmont Date signed 9/17/40

RECEIVED
OCT 3 1940
BUREAU V. S.